

# THE MONITOR

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## Quality Framework Participant-Centered Service Planning and Delivery

Participant-Centered Service Planning and Delivery is defined as “*Services and supports are planned and effectively implemented in accordance with each participant’s unique needs, expressed preferences and decisions concerning his/her life in the community.*” This is taken from the Home and Community-Based Services Quality Framework developed by the Centers for Medicare and Medicaid Services (CMS). A copy is posted on the CMS website at [www.cms.hhs.gov/medicaid/waivers/quality.asp](http://www.cms.hhs.gov/medicaid/waivers/quality.asp)

Each individual served by the Division has a personal plan developed to support his/her choices in enhancing quality of life and independence. Agency staff are important partners in this process. Outlined below are the planning and delivery components of a participant-centered service process:

### 1) Service Planning

- a) Assessment of individual goals, preferences, needs, abilities, health status, and other available supports (e.g. assessment at initiation of services and routinely during service provision; would include risk assessment)
- b) Participant Decision Making is encouraged by providing support and information related to available service options (ex: choosing group home, day program, etc.)
- c) Free Choice of Providers is encouraged by providing support and information about qualified providers (ex: choosing staff who provide services)
- d) Service Plan addresses individual needs (for services, health care, etc.) in accordance with expressed personal preferences and goals
- e) Participant Direction is illustrated by individuals directing and managing their own services to the extent they wish

### 2) Service Delivery

- a) Ongoing Service and Support Coordination is illustrated through continuous access to assistance in order to obtain and coordinate services and promptly address problematic issues
- b) Service Provision is reflective of the individual’s Service Plan
- c) Ongoing Monitoring is demonstrated with regular, systematic and objective methods, including the individual’s feedback, to monitor the individual’s well being, health status, and the effectiveness of services in helping the individual achieve his/her personal goals
- d) Responsiveness to Changing Needs are identified and addressed with modifications to the Service Plan as needed

Provider agencies are encouraged to review and revise, if needed, their current internal quality management systems to include the above Participant-Centered Service Planning and Delivery components.

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## Welcome

Written by the Division of Developmental Disabilities / Quality Management Unit for Qualified Vendor provider agencies, this bi-monthly bulletin addresses quality management and program monitoring topics.

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## Serious incidents Reporting Requirements

A Serious Incident is a serious and extraordinary event involving an individual, facility or employed/contracted personnel to the extent that the event poses threat of immediate death or severe injury to a person, substantial damage to individual or state property, and/or widespread interest in the news media.

Serious Incidents must be reported. All medical professionals, psychologists, social workers, support coordinators, peace officers and others who have the responsibility for the care of a child or a vulnerable adult, including direct care staff, are designated by law as are mandatory reporters to the police, Adult Protective Services (APS) or Child Protective Services (CPS).

Call 911 first before reporting if this is a life threatening emergency and take any necessary emergency actions to insure the victim's health and safety. Then when the situation is under control and all appropriate protective agencies are notified, then the serious incident should be reported to the Division and the incident written as soon as possible, but no later than 24 hours after the incident.

*(This article highlights incidents that meet the criteria of "serious". Administrative Directive 76 (9/03) provides complete information about incident reporting, including reporting requirements, fact finding/investigations and corrective action plans.)*

## Medication log commonly out of compliance

One of the most common group home rule violations is errors on the medication log, which is a violation of rule **A.A.C.R6-6-806.C.8 & A.A.C.R6-6-806.G**. Compliance to the rule requires that the information on a prescription label on medication **must** be accurately and completely transcribed on the medication log.

Each prescription label should have **6** components; the **name of the individual** for whom the medication is prescribed, the **name of the medication**, the **dosage**, the **frequency**, the **method of administration** and any **special instructions for the administration of the medication**. The same components are to be on the Medication Log. For example, if the prescription label reads "drink a full glass of water when taking" then it must be written exactly like that in the medication log.

The Log also **must** have the signature and initials of the direct care staff who administered or supervised the administration of the medication. This is to be done at the time medication is administered.

### Best Practice Recommendations

- Always check the prescription label at the pharmacy. If the label is inconsistent with what is expected, question the pharmacist. If the pharmacist is unable to answer the questions, then contact the prescribing physician.
- Complete the medication log at a time and in a place without interruptions or distractions, if possible.
- Use the current prescription label when transferring information to the medication log. Don't work from an old medication log or memory.
- Be consistent in the order the components are listed: medication, time, dosage, etc.
- Have someone check the medication log for accuracy. This second check is good quality assurance.

Residential services are monitored twice a year for compliance with state rules and regulations. **Check your medication logs for compliance!**

